

**FOR OFFICE USE ONLY**

AFD License # issued: \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE READ CAREFULLY**

**FAILURE TO COMPLETE WILL RESULT IN THIS APPLICATION NOT BEING PROCESSED**

Items one (1) through six (6) listed below are contained in K.S.A. 65-1751, which states that the Kansas State Board of Mortuary Arts may refuse to issue or renew a license, may revoke or suspend a license or may publicly or privately censure a license, upon finding that a licensee or applicant for a license:

1. has been convicted of a felony, and the board determines the licensee or applicant for a license has not been sufficiently rehabilitated to warrant the public trust, or has been convicted of any offense involving moral turpitude or has been convicted of criminal desecration;
2. has violated any law, ordinance or rule and regulation affecting the handling, custody, care or transportation of dead human bodies;
3. has had a license to practice embalming or funeral directing revoked or suspended, has been censored or has had other disciplinary action taken against oneself or has had an application for a license denied by the proper licensing authority of another state, territory, District of Columbia or other country, an attested copy of the record of the action of the other jurisdiction being presumptive evidence thereof;
4. has failed to report to the board any adverse action taken against the licensee by another state or licensing jurisdiction, a professional association or society, a governmental agency, by a law enforcement agency or a court for disciplinary action under this section;
5. has had an adverse judgement, award or settlement against the licensee resulting from the practice of funeral directing or embalming which related to acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section or has failed to report such matter to the board;
6. has been found guilty of negligence, incompetence, fraud, misrepresentation or deceit in connection with services rendered as a licensee, and/or
7. if you are aware of any pending charges filed or in the process of being filed against you relating to any of the above situations.

As used in this section "licensee" means an **embalmer's license, funeral director's license, assistant funeral director's license**, establishment license and branch establishment license.

\_\_\_\_ If you are applying for renewal of a license, check this line if any of the above situations have occurred within the past two (2) year licensing period. If you are applying for a license for the first time, or re-applying for a license that expired or lapsed, or are applying for reinstatement of a license, check this line if any of the above situations have **ever** occurred. **If submitting this renewal or application prior to your individual renewal or licensure eligibility date, it remains your responsibility to notify the board should any of the above mentioned situations occur during the time frame in which this document is submitted and up until/including your renewal due date or licensure eligibility date.**

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

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Signature of licensee/applicant	County	Social Security Number	Date
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**REMEMBER: To include documentation (including proof of rehabilitation) if you have checked the above line.**

K.S.A. 74-139 states that upon request of the director of taxation, the board is required to provide a listing of all applicants, their social security number and address.

**Failure to date and sign this document will result with the board being unable to complete processing of this renewal/application.**

This section should be completed and signed by the Kansas licensed/supervising funeral director.

## **AFFIDAVIT OF LICENSED FUNERAL DIRECTOR**

I hereby state that \_\_\_\_\_ began working as an assistant funeral director on the \_\_\_\_\_

(name of assistant funeral director applicant)

of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_ located at \_\_\_\_\_

(name of funeral home)

\_\_\_\_\_. Please indicate if the assistant funeral director will be working full-time

(Address, City, state)

under your supervision: Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, when will full-time employment begin (date): \_\_\_\_\_.

I am the holder of Kansas funeral director license No. \_\_\_\_\_ and am familiar with the Kansas requirements governing an apprentice or an assistant funeral director and I agree to comply with the same.

**The funeral director under whom the assistant funeral director is registered with must immediately notify the Board when the assistant funeral director has left the funeral director's employment.**

I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

Executed on: \_\_\_\_\_

(Date)

(Signed) \_\_\_\_\_

(PRINT Full Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

(Social Security) \_\_\_\_\_

(County) \_\_\_\_\_

Two copies (one for the assistant funeral director applicant and one for the supervising funeral director) of the statutes and regulations governing this license are included with this application.

Kansas State Board of Mortuary Arts  
700 SW Jackson St., Suite #904  
Topeka, Kansas 66603-3733  
Phone: (785) 296-3980  
Email: [boma1@ksbma.state.ks.us](mailto:boma1@ksbma.state.ks.us)  
Web site: <http://www.Kansas.gov/ksbma/>

**ALL FEES ARE NON-REFUNDABLE**

**WEB SITE APPLICATION**

**OVER**

# Supervising Funeral Director

PLEASE READ CAREFULLY

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2. has violated any law, ordinance or rule and regulation affecting the handling, custody, care or transportation of dead human bodies;
3. has had a license to practice embalming or funeral directing revoked or suspended, has been censored or has had other disciplinary action taken against oneself or has had an application for a license denied by the proper licensing authority of another state, territory, District of Columbia or other country, an attested copy of the record of the action of the other jurisdiction being presumptive evidence thereof;
4. has failed to report to the board any adverse action taken against the licensee by another state or licensing jurisdiction, a professional association or society, a governmental agency, by a law enforcement agency or a court for disciplinary action under this section;
5. has had an adverse judgement, award or settlement against the licensee resulting from the practice of funeral directing or embalming which related to acts or conduct similar to acts or conduct which would constitute grounds for disciplinary action under this section or has failed to report such matter to the board;
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I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.

\_\_\_\_\_  
Signature of licensee/applicant

\_\_\_\_\_  
County

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

**REMEMBER: To include documentation (including proof of rehabilitation) if you have checked the above line.**

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AMENDED JANUARY 6, 2005